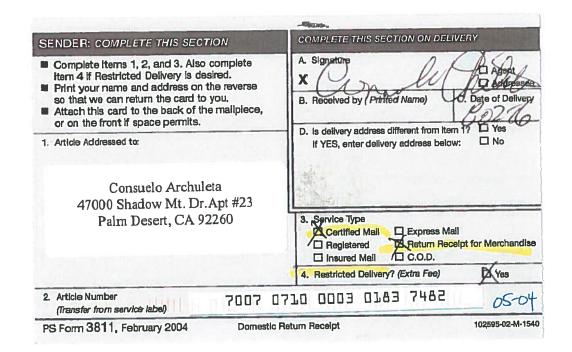
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressed			
1. Article Addressed to: Estate of Bernardo & Ida Archuleta c/o Virginia A. Archuleta, Personal Representative P.O. Box 11 Abiquiu, NM 87510	JUL 2 9 2016 3. Service Type Certified Mail Régistered Régistered Recelpt for Merchandise			
	Insured Mall C.O.D. 4. Restricted Delivery? (Extra Fee)			
2. Article Number 7007 0710 ((Transfer from service Is	02-02-01-01,01-03			

EXHIBIT 2

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	ELIVERY		
Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Salome Chaff 1001 Sasman Dr.	A. Signature X B. Received by (Printed Name) Switch C Claff D. Is delivery address different from I If YES, enter delivery address be			
San Bruno, CA 94066	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)			
2. Article Number 7004 0750 000	33 8818 0830	11 05-04		
PS Form 3811, February 2004 Domestic F	Return Receipt	102595-02-M-1540		



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallplece, or on the front if space permits. 1. Article Addressed to: Benjamin Enrique Jaramillo P.O. Box 743 	A. Signature X. Received by (Printed Name) D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No		
Abiquiu, NM 87510	3, Service Type A Certified Mail Registered Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee) Yes		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	RY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits.		☐ Agent ☐ Addressee . Date of Delivery		
1. Article Addressed to: Elfido Audelio Lopez	77. Is delivery address different from Item 1?			
517 N. Cambridge Gilbert, AZ 85233				
Gilbert, AZ 85233	☐ Insured Mail ☐ C.O.D.	ot for Merchandise		
Gilbert, AZ 85233	Certified Mail Registered Receip	yes 01-01		

SENDER: COMPLETE T	HIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 		B. Received by (Printed Name) D. Is delivery address different from item	Agent Addresses C. Date of Delivery B 2 1 ()
	Archuleta	If YES, enter delivery address below	; 🖾 No
P.O. Box 41 Abiquiu, NM 87510		3. Service Type Certified Mail Registered Insured Mail C.O.D.	ipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	Yes
2. Article Number	7007 0710 0	003 0183 7505	01-01,
(Transfer from service			102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is tresired. Print your name and address on the reverse so that we can sturn the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to: Juan D. & Delia Lopez Trust c/o Gabe Lopez Trustee P.O. Box 32 Abiquiu, NM 87510 SPS	A. Stratus Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? If YEŞ, enter delivery address below: No Service Type A Certified Mall Registered Insured Mail C.O.D. Agent Addressee C. Date of Delivery Pes If YEŞ, enter delivery address below: No
	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7004 0750 01	103 8818 0908 05-03

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Michael Maestas P.O. Box 935 Espanola, NM 87532 	A. Signature X. Wan Wah In Agent Addressee B. Received by (Printed Name) C. Date of Delivery LUAN MAESTAS D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mall Registered Insured Mall C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7007 0710 01	303 0184 3452 07-02
PS Form 3811, February 2004 Domestic R	teturn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallpiece, or on the front if space permits. 	A. Signature X. Word Marker B. Received by (Printed Name) C. Date of Delivery C. Date of			
1. Article Addressed to: Ramon Maestas P.O. Box 935				
Espanola, NM 87532	In Control Time			
Espanola, NM 87532	3. Service Type Certified Mall Registered Insured Mall C.O.D. 4. Restricted Delivery? (Extra Fee)			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallplet or on the front if space permits. Article Addressed to: Sam Maestas P.O. Box 935 Espanola, NM 87532	B. Received by (Printed Name) C. Date of Delivery
Espanoia, IVII 67332	3. Service Type Certified Mail Registered Insured Mail C.O.D.
Espanoia, 1411 07352	Certified Mall Registered Receipt for Merchandise
	Certified Mall Registered Insured Mall C.O.D.

SENDER: COMPLETE TH	IS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X		
1. Article Addressed to: Eloy Trujillo Dural Poute 4 Box 220		If YES, enter delivery address below. AUG 1 OOS5507.33.2.8		
Ohkay Owing	eh, NM 87566	3. Service Type Certified Mall Registered Receipt for Merchandise		
		Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes		

SENDER: COMPLETE THIS SECTION	CC	OMPLE	TE THIS SECTI	ION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma or on the front if space permits. 	x everse	Signatu	ed by (Printed	Mone)	Agent D Addressee C. Date of Delivery
Article Addressed to:	Pa	is celle	ery addres diffe enter delivery a	rent from ite	m 1? Yes
Floyd Trujillo P.O. Box 165 Abiquiu, NM 87510		UG -	- 3 2016		
		Reg	ifled Mall	Express Ma Return Rec C.O.D.	ill elpt for Merchandise
	4.	Restrict	ted Delivery? (E	xtra Fee)	Yes
2. Article Numbe (Transfer from 7004 075	10 0003 88	318	0861	Lan	01-01
PS Form 3811, February 2004					01-00

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to you. Attach this card to the back of the malipled or on the front if space permits. 1. Article Addressed to: Isabel W. Trujillo P.O. Box 187 Abiquiu, NM 87510	B. Received by (Printed Name) C. Date of Delivery
2. Article Number 7004 075	0 0003 8818 0915 02-01 02-01

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, 	A. Signature X Addressee B. Received by (Printed Name) C. Date of Delivery	
or on the front if space permits.	Pis delivery address different from Item 1? Yes	
1. Article Addressed to:	DNs delivery address different from Item 1? Yes If YES, enter delivery address below: No JUL 2 9 2016	
Virgil F. Trujillo P.O. Box 187 Abiquiu, NM 87510		
Polquia, Nivi 07510	3 Service Type Contined Mall Registered Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee) Yes	
2. Article Numt 7004 0750 0003	3 8818 0922 01-01, 61-02,	
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-154	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Corriplete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 1. Article Addressed to: Agustin & Bernadita Vigil Estate c/o Laura Caffey 4801 Glenwood Hills NE Albuquerque, NM 87111		A. Signature X. Laura Caffer Date of Delivery B. Received by (Printed Name) C. Date of Delivery 130 D. is delivery spiriess different mon tem-17	
		3. Service Type Q Certified Mail Registered Insured Mail C.O.D.	
		2. Article Number	7007 0710

SENDER: COMPLETE THIS SECTION		A. Signature A. Signature Addresses B. Received by (Printed Name) C. Date of Delivery C. Jane C. Jane C. Jane C. Jane D. Is delivery address different from item 1?	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 			
. Article Addressed to:		If YES, enter delivery address below:	
Eduardo Vigil P.O. Box 671 Espanola, NM 87532			
		3. Service Type Certified Mail Registered Insured Mail C.O.D.	
		4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number (Transfer from ser	7007 0710 000	06-0	
the same of the sa			

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits. Article Addressed to: Rochelle War 507 Camino Alborlera Espanola, NM 87532	A. Signature A. Signature A. Signature A. Signature Addressee Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery Addressee If YES, enter delivery address below: No 3. Service Type A Certified Mail Registered Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7007 0710	0003 0183 7451 67-01

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X. B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery	
Article Addressed to:		D. Is delivery address different from item 1? Yes If YES, enter delivery address below:		
Veronica War P.O. Box 5063 Fairview, NM 87533		486 = 28	O	
		3. Service Type Certified Mail Registered Insured Mail C.O.D.	Mail accept for Merchandise	
2. Article Number			4. Restricted Delivery? (Extra Fee)	Ves
(Transfer from service lab		וםבק	0003 0183 7468	67-01
PS Form 3811, February 20	04 Doi	mestic Re	tum Receipt	102595-02-M-1540